

Amistad National Recreation Area
HCR 3 Box 5J, Del Rio, TX 78840
Application for Special Use Permit

Please supply the information requested below. Attach additional sheets, if necessary, to provide required information. Allow at least four (4) business days for processing. A non-refundable processing fee may be required to accompany this application unless the requested use is an exercise of a First Amendment right. You will be notified of the disposition of the application and the necessary steps to secure your final permit. (Note: there may be additional fees charged, and you may be required to provide proof of liability insurance.)

Applicant Name: _____

Organization Name: _____

Social Security #: _____

Tax ID #: _____

Street/Address: _____

Street/Address: _____

City/State/Zip Code: _____

City/State/Zip Code: _____

Telephone #: _____

Telephone #: _____

Cell phone #: _____

Cell phone #: _____

Fax #: Fax#: _____

Description of Proposed Activity: _____

Launching From: _____

Date (s): _____

Weigh-in Location will be: _____ Weigh-in set up will begin: _____ Weigh-in will be (from - to): _____

Removal will completed by: _____

Maximum Number of Participants (Please provide best estimate): _____

Maximum Number of Vehicles & Vessels attach parking plan): _____

Support Equipment (list all equipment): _____

Support Personnel (contractors, etc. including addresses and telephones): _____

Individual in charge of event on site (include address, telephone and cell phone numbers): _____

Is this an exercise of First Amendment Rights?

Y ____ N ____

Are you familiar with/ have you visited the requested area?

Y ____ N ____

Do you plan to advertise or issue a press release?

Y ____ N ____

Will you distribute printed material?

Y ____ N ____

Is there any reason to believe there will be attempts to disrupt, protest or prevent your event?(if yes explain on separate sheet) Y ____ N ____

The applicant by his or her signature certifies that all the information given is complete and correct, and that no false or misleading information or false statements have been given.

Signature _____ Date _____

Information provided will be used to determine whether a permit will be issued. Completed application must be accompanied by an application fee in the form of a cashiers check or money order in the amount of \$25.00 made payable to National Park Service. Application and administrative charges are non-refundable.

Return this application to:

Amistad National Recreation Area
HCR 3 Box 5J
Del Rio, TX 78840
Attention: Ranger Activities Assistant

Phone: (830) 775-7492 x 202
Fax: (830) 775-7299
Email: Amis_Ranger_Activities@nps.gov

Note that this is an application only, and does not serve as permission to conduct a filming project or any other use of the park. If your request is approved, a permit containing applicable conditions and regulations will be sent to the person designated on the application. The permit must be signed and returned to the park prior to the event.

Paperwork Reduction Act Statement: This information is being collected to allow the park manager to make a value judgment on whether or not to allow the requested use. All the applicable parts of the form must be completed. A Federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Estimated Burden Statement: Public reporting burden for this form is estimated to average 30 minutes per response including the time it takes to read, gather and maintain data, review instructions and complete the form. Direct comments regarding this burden estimate or any aspects of this form to the National Park Service, Special Park Uses Program Manager, 1849 C Street NW (2460), Washington, D.C. 20240.